



The TMA Privacy Office is committed to ensuring the Privacy and Security of patient information at every level as we deliver the best medical care possible to those we serve.

Contact Information
TMA Privacy Office
Five Skyline Place
5111 Leesburg Pike, Suite 810
Falls Church, VA 22041-3206
www.tricare.osd.mil/tmaprivacy
PrivacyMail@tma.osd.mil

TMA Privacy Office
Five Skyline Place
5111 Leesburg Pike, Suite 810
Falls Church, VA 22041-3206

PrivacyMail@tma.osd.mil



What are my Rights?



Privacy is Important to All of Us

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, grants patients specific privacy rights in order to protect their health information. It is important that you know your rights and ask questions about them. Your military treatment facility (MTF) should have a HIPAA Privacy Officer that can answer your questions and address your concerns.

Notice of Privacy Practices

The Notice of Privacy Practices (NoPP) discusses how and when your healthcare provider may use and disclose your health information, and your rights under HIPAA. Patients generally will be asked to sign, initial, or otherwise acknowledge that they received this notice. You may refer to the NoPP for more information on your rights covered in this pamphlet.

Under HIPAA, You May ...

Ask to see and/or get a copy of your health information

You may ask your doctor or medical facility personnel to see or obtain a copy of your health information. In most cases these requests will be honored. In special circumstances, your request may be denied if the doctor decides that the information is:

- included in psychotherapy notes;
- being compiled for use in a civil, criminal, or administrative action; or
- subject to law that prohibits access to that information.

Ask that your information not be shared with others

You may ask us not to share any part of your health information with certain people, offices, or companies, including those used for treatment, payment, or health care operations. Your request must be made in writing to the MTF Privacy Officer where your health records are held. A Request for Restriction form (DD Form 2871) can be found on the TMA Privacy Office Web site under “HIPAA Forms.” While we are not required to agree to a restriction, each request will be considered.

Request information on when and why your health information was shared

You may ask us to provide you with a report of when and why we shared your health information. This report will not involve instances where your information was shared in an effort to deliver care to you (treatment), billing purposes (payment), or healthcare operations (minimal information sharing in order to conduct health services). Under HIPAA, we are not required to provide information regarding disclosures prior to April 14, 2003.

File a complaint

If you believe that your health information was misused or shared unnecessarily with others or if you were unable to exercise your rights, you may file a complaint with your MTF Privacy Officer. If this issue is not addressed at the MTF level or if the compromised information occurred on a higher level, you may file a complaint with the TMA Privacy Office or the Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

For Further Information

Each MTF has a HIPAA Privacy Officer that will answer your questions concerning your health information rights or any questions you may have regarding HIPAA, in general. If you do not know who your HIPAA Privacy Officer is, please contact your treatment facility for assistance in locating their contact information.

